

# DCS and Contract Agency Employee Authorization Letter Instructions

Form CS-0666 *DCS and Contract Agency Employee Application Authorization*, must be completed in accordance with DCS policy 16.21, *DCS and Contract Agency Employees as Resource Parents*, in order for a DCS or contract agency employee to be permitted to apply to become a resource parent.

The following information must be provided in order to obtain the appropriate approval signatures.

1. The regional office address and phone number,
2. The date of the request for approval,
3. The name of the potential employee applicant,
4. The name of the department or agency where the employee works,
5. The name of the county or agency where the employee will apply,
6. The name of the county or agency where the employee will attend PATH,
7. The name of the name and title of the person assigned to complete the home study,
8. The name of the name and title of the person who will maintain/supervise the home if it is approved,
9. The name of the name of the Regional Administrator and the name of their region,
10. The name of the agency director and the name of their agency, if the employee works for a contract agency, and
11. The name of the DCS Director of Foster Care and Adoptions, if the employee works for a contract agency.

The approval section must be signed and dated by the appropriate authorities.

Note: If the potential applicant is employed by DCS, only the approval of the Regional Administrator will be required. The DCS Director of Foster Care and Adoptions and the appropriate agency director must also give approval for Contract Agency Employees.



Tennessee Department of Children's Services  
**DEPARTMENT OF CHILDREN'S SERVICES AND CONTRACT AGENCY  
EMPLOYEE RESOURCE PARENT APPLICATION AUTHORIZATION**

\_\_\_\_\_  
(Regional Office Address and Phone Number)

Date: \_\_\_\_\_  
(mm/dd/yy)

\_\_\_\_\_, \_\_\_\_\_ employee, wishes to become  
(Name of DCS staff/contract agency staff) (dept./agency name)  
a resource parent.

This employee may submit their application in/at \_\_\_\_\_ county/agency.  
(County/Agency Name)

This employee will attend PATH training in/at \_\_\_\_\_ county/agency.  
(County/Agency Name)

\_\_\_\_\_ will be designated as the person to complete the applicant's  
(Name, Title)  
home study.

\_\_\_\_\_ will maintain and supervise the applicant's home study  
(Name, Title)  
if approved.

I, \_\_\_\_\_, \_\_\_\_\_ Regional Administrator, give  
(Name) (Name of Region)  
permission for the above employee to apply and enter the Resource Home Approval Process.

I, \_\_\_\_\_, \_\_\_\_\_ Director, give permission  
(Name) (Name of Agency)  
for the above employee to apply and enter the Resource Home Approval Process.

I, \_\_\_\_\_, Director of Foster Care and Adoptions, give permission for  
(Name)  
the above employee to apply and enter the Resource Home Approval Process.

**Approval Signatures**

\_\_\_\_\_, \_\_\_\_\_  
(Regional Administrator) (Approval Date)

\_\_\_\_\_, Director of \_\_\_\_\_  
(Agency Director) (Name of Agency) (Approval Date)

\_\_\_\_\_, \_\_\_\_\_  
(Director of Foster Care & Adoptions) (Approval Date)

Original: Placement Services Division/Resource Home Case File  
CC: Applicant, DCS Regional Administrator, Contract Agency Director (if applicable)